



Recommendations for Use of Tetanus Vaccine During Floods

The following information provides guidance for use of tetanus diphtheria (Td) vaccine during flood conditions based on recommendations from the Centers for Disease Control and Prevention (CDC).

Because floods pose no additional risk of tetanus, **mass tetanus immunization programs are not indicated.**

Available evidence indicates that complete primary vaccination with tetanus toxoids provides long-lasting protection among most recipients. Consequently, after complete primary tetanus vaccination, boosters are recommended at 10-year intervals. Management of flood-associated wounds, e.g., puncture wound or a wound contaminated with feces, soil, or saliva should include appropriate evaluation of tetanus immunity (and immunization if indicated) as at any other time.

- For clean and minor wounds occurring during the 10-year interval, no additional booster is recommended.
- For other wounds, a booster is appropriate if the patient has not received tetanus toxoid within the preceding 5 years.
- See the table below for guidance in managing patients who have not completed the primary Td vaccination.

Guide to Tetanus Prophylaxis in Routine Wound Management

	Clean, minor wounds		All other wounds*	
Doses	Td [§]	TIG [†]	Td [§]	TIG
Uncertain or <3	Yes	No	Yes	Yes
>3	No ^{††}	No	No ^{§§}	No

* Such as, but not limited to: wounds contaminated with dirt, feces, and saliva; puncture wounds; avulsions; and wounds resulting from missiles, crushing, burns, and frostbite.

[§] For children <7 years old, DTaP (DT, if pertussis vaccine is contraindicated) is preferred to tetanus toxoid alone. For persons ≥7 years old, Td is preferred to tetanus toxoid alone.

[†] TIG = Tetanus immune globulin.

^{††} Yes, if >10 years since last dose.

^{§§} Yes, if >5 years since last dose.